FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington, [D.C. 20549
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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Jones James					<u>CU</u>	2. Issuer Name and Ticker or Trading Symbol CUMBERLAND PHARMACEUTICALS									ationship k all app Direc	licable)	,		
(Last)	(Fi	rst) (f	Middle)			INC [CPIX]								X	Office	er (give title		Other (s	specify
2525 WEST END AVENUE SUITE 950					03/1	3. Date of Earliest Transaction (Month/Day/Year) 03/17/2021													
(Street) NASHVILLE TN 37203					4. If <i>F</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	•				
(City)	(St	ate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	Benefi	cially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)					Execution Date							uired (A) Instr. 3, 4	4 and Securi		ies cially Following	6. Owner Form: I (D) or II (I) (Inst	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) (D)	or Pri	ice	Transa	ction(s) 3 and 4)			(msu. 4)
Common Stock 03/17/				2021				A		1,000(1)	P	\$	3.22 1		14,700				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		ion Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Dei Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	wnership orm: rect (D) Indirect	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amour or Number of Shares	er					

Explanation of Responses:

1. Restricted stock award will vest 100% on March 17, 2022.

Remarks:

James Jones by /s/ John Hamm as attorney-in-fact

06/11/2021

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

Know all by these presents, I hereby appoint John Hamm to act as my agent and attorney-in-fact for the purpose of completing, executing and filing on my behalf with the Securities and Exchange Commission, the NASDAQ Stock Market LLC or any other exchange or self-regulatory body, any Form 3 "Initial Statement of Beneficial Ownership of Securities", Form 4 "Statement of Changes in Beneficial Ownership of Securities", Form 5 "Annual Statement of Beneficial Ownership of Securities", Form 144 "Notice of Proposed Sale of Securities", Schedule 13D pursuant to Rule 13d-101 of the Securities Exchange Act of 1934, or any other similar form to report securities ownership that may, in the opinion of any of them be necessary, with respect to any transaction in securities of Cumberland Pharmaceuticals Inc.

Nothing herein shall relieve me of the responsibility for the accuracy of the information and representations contained in any Form 3, Form 4, Form 5, Form 144, Schedule 13D, or other similar form completed, executed and filed pursuant to this power of attorney.

This power of attorney shall supersede all similar prior powers of attorney and will remain effective as to the agents and attorneys-in-fact referred to above until I revoke or amend it by written notice to such persons or until the undersigned is no longer required to file Form 3, Form 4, Form 5, Form 144, Schedule 13D or other similar form completed, executed and filed pursuant to this power of attorney.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed on this 24th day of January 2012.

/s/ James Jones James Jones